

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 183
688Registered No. 688

1. PLACE OF BIRTH

County DeLa State ArizonaDistrict or Township Miami or Village _____

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Ruth Soko { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth Dec 24-1930

Month Day Year

8. FATHER Full name Nickola Soko 14. MOTHER Full maiden name Molly Clark9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race White 16. Color or race White11. Age at last birthday 34 (Years) 17. Age at last birthday 18 (Years)12. Birthplace (city or place) Austria 18. Birthplace (city or place) Globe(State or country) Arizona19. Occupation airman 20. Occupation NW

Nature of Industry

21. Number of children of this mother 2 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 22. Were precautions taken against ophthalmia neonatorum? Yes

(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M. on the date above stated.

(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Davis

(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami

Month, day, year

Filed Dec 30, 1930 C. E. Davis

Registrar

Registrar

806-1224-42